

**DAVIE COUNTY
MODULAR HOME
PERMIT APPLICATION**

Davie County Development Services
298 E. Depot Street, Suite 100 Mocksville NC 27028
Telephone: 336.753.6050 Fax: 336.751.7689



Application is for the following jurisdiction:		
<input type="checkbox"/> Davie County		<input type="checkbox"/> Mocksville
Property Owner's Name	Property Owner's Address	Property Owner's Telephone () - Home () - Cell
Project Name	Project Address/Location (if known)	Zoning District
Subdivision Name		Lot#
Applicant's Name (if different)	Applicant's Address (if different)	Applicant's Telephone () - Home () - Cell
Set Up/General Contractor's Name	Contractor's Telephone () - Home () - Cell	Set Up/General Contractor License No.
Contractor's Address		Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) <input type="checkbox"/> N/A
Description of Project		Well Permit #
		Sewer Supply: <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> N/A Septic Permit #
I hereby attest the information provided on this application and any additional information submitted pertaining to this application is true and accurate. Should the use of the property and/or structures change, I understand additional permits may be required. In addition, I understand plan review cannot cover all aspects of constructions and therefore any work done will be required to meet all applicable local and state codes.		
Applicant's Signature: _____		Owner's Signature: _____
Applicant's Name (Print): _____		Owner's Name (Print): _____
Date: ____/____/____		Date: ____/____/____
Office Use Only		
Parcel # _____	Tax ID # _____	Zoning _____
Taxes <input type="checkbox"/> Approved <input type="checkbox"/> Denied		

I understand that it is my responsibility to contact NORTH CAROLINA ONE CALL (1-800-632-4949) prior to digging to ensure location of services and that I am responsible for any and all damages to City or County property not covered by ONE CALL. I further understand that any such damages that occur must be reported to the County at 336-753-6050 immediately.



Application Packet Checklist

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
• Completed Zoning Permit Application/Approval _____ -Davie County & Mocksville -Bermuda Run -Cooleemee			
• Completed Building Permit Application _____			
• Copy of Environmental Health Permit _____			
• Copy of Deed _____			
• Site Plan* _____			
• 2 Copies of Building Plans _____			
• Utility Authorization _____ -Davie County -Mocksville -Bermuda Run			
• Lien Agent Information** _____			
• Owner Exempt Affidavit _____			

Received Date: _____

Correction(s): _____

Resubmitted Date: _____

Packet Accepted by: _____

*All lots created after October 2005 should have a recorded plat on which a site plan is to be based. GoMaps will not be considered an acceptable site plan for these lots.

**In accordance with North Carolina General Assembly Session Law 2012-158, Inspections Departments are not allowed to issue any permits where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence or the property owner has designated a lien agent.



DAVIE COUNTY ZONING PERMIT

298 E Depot St., Mocksville, NC 27028

NOTE: No application shall be considered complete unless all the following information is attached. The Zoning Administrator may waive any of the requirements, except fees, and may require additional information as necessary for proper consideration of this request.

A copy of a scaled drawing which shows the shape and dimension of the lot to be used, the shape and dimension of all types of existing and proposed uses and structures, and the location of rights-of-way on the lot. The drawing must also show the location of existing or proposed parking and landscaping required as well as enough detail to indicate the intent to comply with all applicable design and use standards.

Other _____



PLEASE PRINT the following information clearly:

STREET # _____ ADDRESS _____ SUBDIVISION _____ LOT # _____

Purpose for Application: _____

Approx. new/remodeled square footage: _____ Size of Lot: _____

Tax Map Parcel Number: _____ Zoning District: _____

Business Name: _____ Phone #: _____

Property Owner's Name: _____ Phone #: _____

Address: (if different than above) _____

Applicant's Name: (if different than above) _____

Address: (if different than above) _____ Phone #: _____

Fax #: _____ E-mail: _____

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit. I further understand that plan review cannot cover all aspects of construction and any work done shall be required to meet all applicable local and state codes.

Applicant's Signature Date _____

****DO NOT WRITE BELOW THIS LINE****

Based upon the information provided with this application, the work as proposed meets the requirements of the zoning ordinance.

Additional Remarks/Conditions:

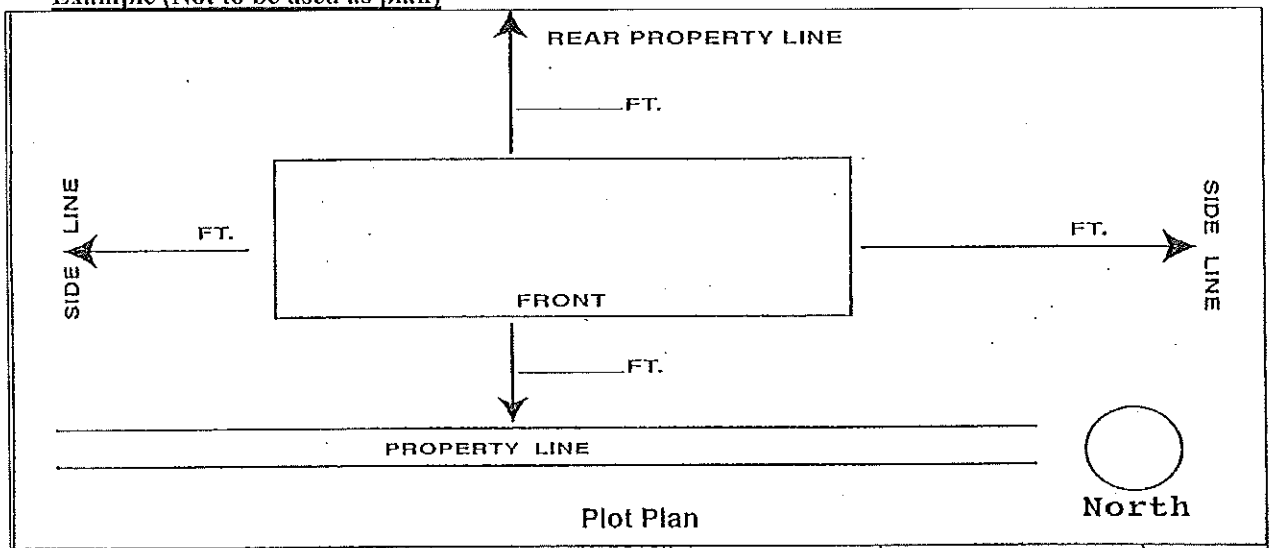
Zoning Administrator

Date

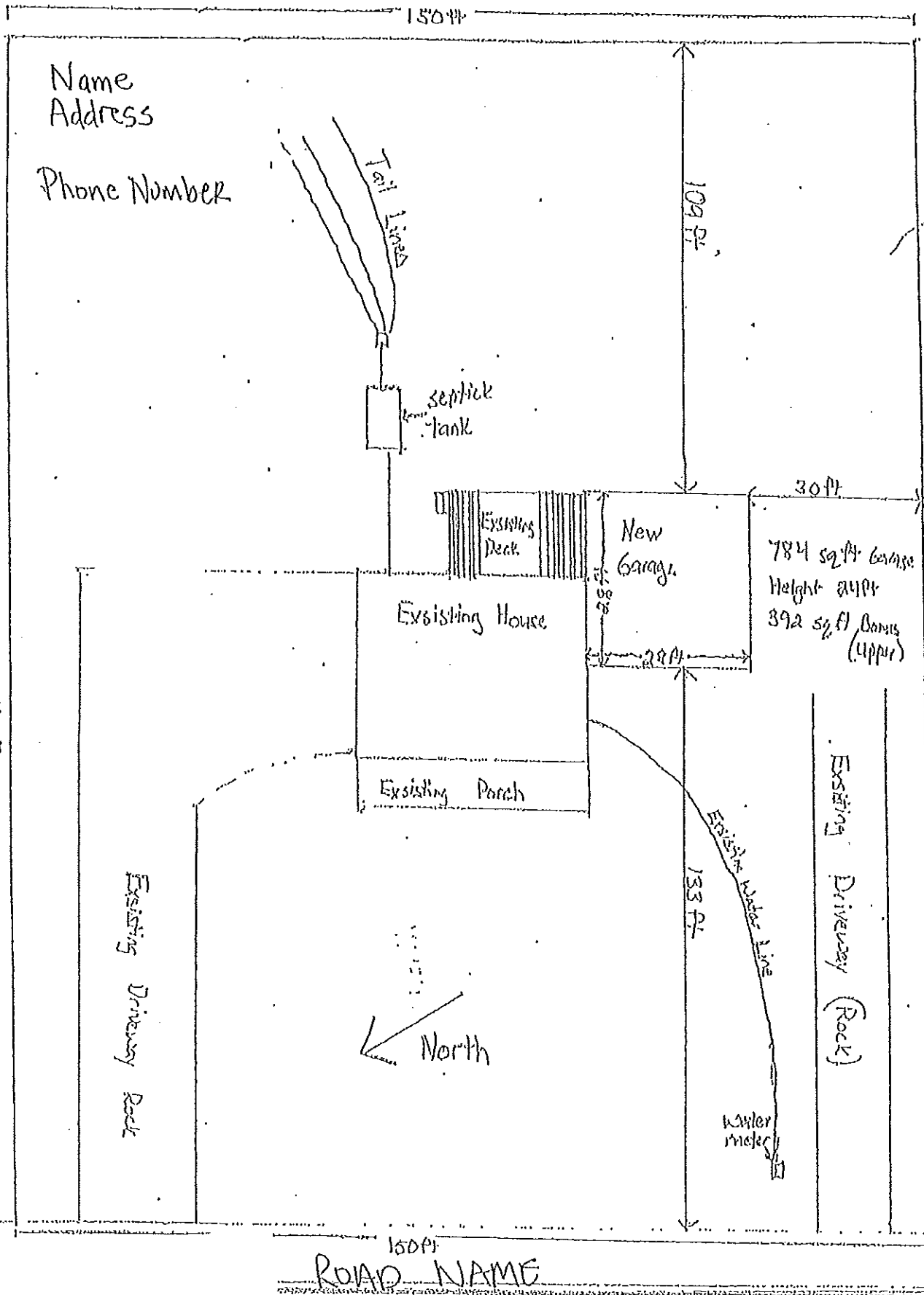
RESIDENTIAL SITE PLAN: MINIMUM 8½" X 11" size paper at a scale of 1" equals 20' showing the proposed structure with all the following if applicable:

- ☐ Name, address, phone number of applicant and owner, and property (site) address
- ☐ Drawing scale
- ☐ Property lines & dimensions (*If survey or recorded plat available, please utilize)
- ☐ Existing and proposed on-site sewer, water, and drainage ditch/easements
- ☐ Existing improvements on property (house, garage, shed, deck, etc.) Label and provide dimensions and square feet.
- ☐ Location, height and square footage (dimensions) of addition or new building
- ☐ Label distances from the existing and proposed structures to property lines and other buildings on the site
- ☐ Label streets (Public and Private)-Road and highway rights-of-way shall not be determined as a part of a lot or any required yard or open space.
- ☐ Location of easements (power, telephone, gas, etc...if applicable)
- ☐ Driveway location for existing and proposed driveways
- ☐ Frontage improvements (sidewalk, curb and gutter, etc. if applicable)

Example (Not to be used as plan)



***Note: All lots created after October 2005 should have a recorded survey plat. GoMaps will not be considered an acceptable site plan for these lots.**



ROAD NAME